

MISSOURI DIVISION OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **12828**  
 Registrars No. **1882**

FILED MAY 7 1948/49  
 Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**  
 (b) City or town **Kansas City**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**235 Ward Parkway, Locarno Apts.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **20 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **JAMES EVERETT PIERPOINT**  
 3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **082-03-3184**

4. Sex **male** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Mrs. Mildred B. Pierpoint**  
 6. (c) Age of husband or wife if alive **40** years  
 7. Birth date of deceased **March 8 1904**  
 (Month) (Day) (Year)

8. AGE: Years **44** Months **1** Days **20**  
 If less than one day hr. min.

9. Birthplace **Skidmore Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Asst. Credit Manager**  
**Socony Vacuum Petroleum Co.**

11. Industry or business \_\_\_\_\_

12. Name **James Everett Pierpoint, Sr.**

13. Birthplace **unknown** **9**  
 (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace **unknown** **9**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mildred B. Pierpoint**

(b) Address **235 Ward Parkway**

17. (a) **Burial** (b) Date thereof **April 30, '48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **D. H. Newman**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **4-30-48** (b) **Thereldine Holmes**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**  
 (c) City or town **Kansas City** **3**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **235 Ward Parkway, Locarno Apts**  
 (If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **28th.**  
 year **1948** hour **8** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **November 13th.**  
**1947** to **April 28th.** **1948.**  
 that I last saw him alive on **April 28th.** **1948.**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Embolism**

Due to **Coronary Thrombosis**

Due to \_\_\_\_\_

Other conditions **Paralysis Rt. Arm (minor)**  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy **940**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Y**

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury **2**

23. Signature **W. H. P. R. L.** (M.D. or other) **100**

Address **Independence** Date **4/28/48**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**